

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212546086						
1.) CORPORATION NAME: Fulton Bank, National Association		DUE DATE: 11/30/2012						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES M MILLER 4429 BONNEY RD STE 500 VIRGINIA BEACH, VA 23462		SCC ID NO: F1729112						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>1,750,000</td> </tr> <tr> <td>PREFA</td> <td>17,600,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	1,750,000	PREFA	17,600,000
CLASS	AUTHORIZED							
COMMON	1,750,000							
PREFA	17,600,000							
4.) STATE OR COUNTRY OF INCORPORATION: US								
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: ONE PENN SQ PO BOX 4887 CITY/ST/ZIP: LANCASTER, PA 17604 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
NAME: CURTIS J MYERS TITLE: PRES/COO ADDRESS: ONE PENN SQ PO BOX 4887 CITY/ST/ZIP/CO: LANCASTER, PA 17604	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
NAME: T. A. GRELL, JR. TITLE: HAMPT RD PRES ADDRESS: 4429 BONNEY ROAD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23402	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
NAME: CRAIG A RODA TITLE: DIRECTOR ADDRESS: ONE PENN SQ PO BOX 4887 CITY/ST/ZIP/CO: LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
NAME: RICHARD J ASHBY, JR TITLE: DIRECTOR ADDRESS: ONE PENN SQ PO BOX 4887 CITY/ST/ZIP/CO: LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
NAME: LARRY D BASHORE TITLE: DIRECTOR ADDRESS: ONE PENN SQ PO BOX 4887 CITY/ST/ZIP/CO: LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						

NAME:	JENNIFER L CRAIGHEAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			
NAME:	STEVEN S ETTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			
NAME:	CARLOS E GRAUPERA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			
NAME:	GEORGE W HODGES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			
NAME:	CHRIST G KRARAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			
NAME:	RONALD T MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			
NAME:	A RICHARD PUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			
NAME:	IVY E SILVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			
NAME:	ELIZABETH A TWOHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			
NAME:	ERNEST J WATERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY S BANKERT LANCASTER PRES ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN J BEAM EVP ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JILL M CARSON FULT MTG PRES ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH M GODDU BRANDYWINE PRES ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID B HANSON CEO ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT S JONES CAPITAL PRES ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM T KEPLER EVP ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY R RUSH GRT VALLEY PRES ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH A REISTER CORP SECRETARY ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ ELIZABETH AREISTER		ELIZABETH AREISTER,		11/29/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.